PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

Inthon on

				1, 2						WI	16-21 C	90
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY		901	ER THAN
	TOTAL CLAIMS			27.		(Column 2)		TYPE		0		L ENTITY
	FOR	All IA45	NUMBER FILED				RATI		E	RATE	FEE	
lt	TOTAL CHAR	GEABLE CLAIMS				NUMBER EXTRA		BASIC	EE 385.	⁰⁰ O	R BASIC F	EE 770.00
11	NDEPENDENT	2-1	27minus 20=		<u>*</u> + _		X\$ 9	=	01	R X\$18=	126	
II-	MULTIPLE DEF	1 1	minus 3 =				X43=		OF	X86=	1,20	
-								+145=	1		\	-
*	If the differen	ice in column 1	zero, enter	"0" in	column 2	7			OF			
	CLAIMS AS AMENDED - PART II							TOTAL		OF		0 10
_	T	(Column 1))	(Column 2) (Column)	SMALI	ENTITY	OR		R THAN . ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT	- [HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONA	7	RATE	ADDI- TIONAL
S	Total	*	Minus	**		=		X\$ 9=	FEE	1	X\$18=	FEE
¥	Independent		Minus	***		=	1	X43=	 	OR		-
<u> </u>	TINOTPRES	SENTATION OF A	MULTIPLE D	EPENDENT C	LAIM			7.40=	 	OR	X86=	
								+145=		OR	+290=	Ŀ
	÷	(Column 1)								OR	TOTAL ADDIT. FEE	
<u>—</u>		(Column 1) CLAIMS	T	(Column	2) T	(Column 3)	1 -					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
END	Total	*	Minus	**		= '		X\$ 9≈		OR	X\$18=	FEE
AM	Independent	*	Minus	***		=		X43=		1 1		
	THOTPHESE	NTATION OF MI	ULTIPLE DE	PENDENT CL	_AIM			740=		OR	X86=	
							L	+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
T	`	(Column 1) CLAIMS	<u> </u>	(Column		(Column 3)						
		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	**		= .	十	V# 0	FEE	-		FEE
	ndependent		Minus	***		=	-	X\$ 9=		OR	X\$18=	
1,	IRST PRESE	NTATION OF MU		X43=		OR	X86=					
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR +290= TOTAL OR TOTAL												
*If t	he "Highest Num	nber Previously Paid ber Previously Paid per Previously Paid	d For IN IHIS	SPACE is less	than 2	20, enter "20."	ADI ound	TOTAL DIT. FEE in the appr	opriate box	OR AE	TOTAL DDIT. FEE	